V. S. No. 1

stud

1. PLACE OF DEATH	(19)
County Corr Corre	Registration Dist. No.
	NoSt., Walf death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4. Marsmos	sds. How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME Paul Generalord	
(a) Residence: No. Hear Goldshoro (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thele	21. DATE OF DEATH (Month) (Day) (Yaar)
a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw harman alive on 10 - 1 193 Madeath is si
AGE Years Month Days If LESS than	to have occurred on the date stated above, at / A · m.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Intera Colitas Date of one
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	- LIVOUV
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
E. n. e. l	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) JOHN JUD TO MAN (State or country)	-
13. NAME Stranger to: Gorad stord	
4, 4	N
14. BIRTHPLACE (city or town) Med (State or country)	Nama of operation Dete of
15. MAIDEN NAME Wass Granus	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
16 DIDTUDI ACE (aits) or Acoust	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
15. MAIDEN NAME Mary Harney 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT Street & Gensstore	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	-
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hillson Date 10-7-0,1937	Nature of injury
9. UNDERTAKER leisgif Moore (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 pourses	If so, specify
D. FILED Registrar.	(Signed) Adams All Mill. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emlepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street aw	1 week ago
Cerebral hemorrhage	July 5,1927	Perilgnitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

S. No.

N. B.

PLACE OF DEAT	н ,
County Cardle	111

STATE OF MARYLAND CERTIFICATE OF DEATH

	(30) Registration Dist. No.
Village or City NEMALISTANO. 2FULL NAME JOHN TO JONES	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVING WIDOWED. MARVING OR DIVORCED (Write the word) 6 DATE OF BIRTH 1 8 5 9	16 DATE OF DEATH O
	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(uto) Debration two months of Sant B.
9 BIRTHPLACE (State or country) Md	(Duration)yrsmosds. Contributory
10 NAME OF FATHER II EIRTHPLACE OF FATHER Z (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 15 16 17 18 18 18 18 18 19 19 19 19 19	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of deathyrsmosds.
(Informant) July E. Jouly (Address) Halls All Address)	Where was disease contracted, if not at place of death? Former or usual residence IF LACE OF BURIAL OF REMOVAL DATE OF BURIAL LACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 Fil 10/14/3700 19 Smith	20 ONDERTAKER APPRESS

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return" Laborer,"" Foreman," "Nanager," "Dealworked on may form part of the second statement tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed I'or many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. tolanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis. Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

should state of OCCUPA-

item of infor-

1. PLACE	OF DEAT	H			95.6
County	C	aroline) 		Registration Dist. No. 6.3
		reston	leeth occurred		No. St., death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?
2. FULL N	IAME	Berti	e N. Ke	lley	
	dence: No.				St. Ward.
			(Usual piace		If nonresident give city or town and Sta
			CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female	W	or RACE	OR DIVORCEI	RIED, WIDOWED, O (write the word) Pried	21. DATE OF DEATH Oct S (Day)
5a. If married, wid HUSBAND o (or) WIFE of	of f	Willi		elley	22. I HEREBY CERTIFY That I attended dece
	TH (month, day, Years	Months	Days 26	1875 If LESS than 1 day,hrs. ormin.	t last sew h
9. Industry work work work 10. Date decities of year)	of work done, a YER, BOOKKEEP or business in was done, as SI MILL, BANK, et eased lest work ccupation (moni	ER, etcwhich LK MILL, ced at th and	Housewi 11. Total ti spen occu eston, M	me (years) It in this pation	Other Contributory Causes of importance: Employers
12. BIRTHPLACE (State or o	country)			WAJAWUY	
	ACE (city or tow e or country)	ac Nobl	eston Maryl	and	Name of operation Date of Was there an eulop
15. MAIDEN	NAME Eli		Corkran		23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Corkran 16. BIRTHPLACE (city or town). Preston (State or country) Maryland					Accident, suicide, or homicide? Date of injury Where did injury occur?
17. INFORMANT _ (Address))	Presto	tley on, Mary	land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREN	Prest	on, Md.	Dete Oct	. 11,,,32	Manner of injury
19. UNDERTAKER (Address)			is & So on, Mary		24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED. O.C	A-10,1	32 60	Las Bill	nigen.	(Signed) W. Co. Statisting, N.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

and State

ded deceased from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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CAUSE mation MOLL

S. No. 1

19. UNDERTAKER .

(Address)

MOTHER 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury

Registrar.

24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)...

Date of injury _____ 19.....

(Specify city or towo, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____

(Address) ______

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of inforshould state

OCCUPA-

of

certificate.

See instructions on back

TION is very important.

Village or City H8 TMONY, Md., No. Village or City H8 TMONY, Md., (If death occurred in a hoppital or institution, give its NAME instead of street st., ds. How long in U.S. if of foreign birth?. 2. FULL NAME H8 TTIOTY MEONASh (a) Residence: No. H8 TMONDY, M8 TY land St., Ward. (b) Residence: No. H8 TMONDY, M8 TY land St., Ward. (b) Residence: No. H8 TMONDY, M8 TY land St., Ward. (c) Residence: No. H8 TMONDY, M8 TY land St., Ward. (b) Residence: No. H8 TMONDY, M8 TY land St., Ward. (c) Residence: No. H8 TMONDY, M8 TY land St., Ward. (c) Residence: No. H8 TMONDY, M8 TY land St., Ward. (d) If nonresident give city or town NETS town Ward of shocked of shocked of wind own Wildow. 5. SEX 4. COLOR OR RACE S. SINGLE, MRRIED, WIDOWED, OR DIVORCED (write the word) Wildow 5. If If the standard st., Ward. (Month) Day If LESS than 1 lay. (Month) Day If LESS than 1 lay. (Month) Day If LESS than 1 lay. (Month) 19. It to Acquire the standard above, at 12. Thin, 1 lay. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 10. Date deceased last worked at this eccupation month and spent in libis occupation. (State or country) 11. SANTIPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. DATE OF BRATH (Month) Date of Name Course of importance: 15. SANTIPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hugh MacNash Frampton (Address) 3D Drummond Ayenue, Cheyy Ch. 18. BURIAL, CREMATION, OR REMOVAL Place Grove Date Ofte 24, 19. 32 Mahar of injury. Nature of injury. Nature of injury. Nature of injury. Nature of injury.	3	46		ce of Death to Caroline		
Length of residence in city or town where death occurred	/	Registration Dist. No.		·y		
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs	W			ge or City Harmony,	Villag	
(a) Residence: No. Harmondy, Maryland St., Ward. (Chustoplace of shode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE Formale White S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word) White John R. MacNash Days If LESS than Iday. Aris. Ormin. 1. B. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. 1. John Saw Mill, BANK, etc. 2. BIRTHPLACE (city or town) (State or country) 1. S. MAIDEN NAME 1. S. MAIDEN NAME 1. S. MARIDEN MACNASH Frampton (State or country) 7. INFORMANT Hugh MacNash Frampton (Address) 35 Drummond Ayenue, Chevy Chase, B. BURIAL, CREMATION, OR REMOVAL Place. Grove Date Oct. 24 19 32 Maffier of injury Nature of	ad number)	ds. How long in U.S. if of foreign birth?yrs	occurredyrsmos	h of residence in city or town where death	Lengt	
(a) Residence: No. Harmondy, Maryland St., Ward. (Chustoplace of shode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE Formale White S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word) White John R. MacNash Days If LESS than Iday. Aris. Ormin. 1. B. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. 1. John Saw Mill, BANK, etc. 2. BIRTHPLACE (city or town) (State or country) 1. S. MAIDEN NAME 1. S. MAIDEN NAME 1. S. MARIDEN MACNASH Frampton (State or country) 7. INFORMANT Hugh MacNash Frampton (Address) 35 Drummond Ayenue, Chevy Chase, B. BURIAL, CREMATION, OR REMOVAL Place. Grove Date Oct. 24 19 32 Maffier of injury Nature of						
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE White White S. SINGLE, MARRIELD, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word	and State	d St., Ward.			(a) F	
Female White OR DIVORCED (currie the word) Wildow (Month) (Day) (Month) (Day) A if married, widowed, or divorced HUSBAND of (or) WiFe of John R. MacNash DATE OF BIRTH (month, day, and year) 7/0/2 2 4 4 5 1 1 HEREBY CERTIFY. That I strength of the profession, or particular kind of work done, as SPINER, BOKKEPEPR, etc. S. Trade, profession, or particular kind of work done, as SPINER, BOKKEPEPR, etc. Johnster of Date of SIK MILL, SAW MILL, BANK, etc. D. Date Geessed last worked at this occupation (month and year) occupation (State or country) 1111. 13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT HURL MACNASH Frampton (Address) 35 Drummond Avenue, Chevy Chaptee Grove Date Oct. 24, 19. 322 BURIAL, CREMATION, OR REMOVAL Place. Grove Date Oct. 24, 19. 322 Manner of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Grove Date Oct. 24, 19. 322 Manner of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Grove Date Oct. 24, 19. 322 Manner of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Grove Date Oct. 24, 19. 322 Manner of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Grove Date Oct. 24, 19. 322 Manner of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Grove Date Oct. 24, 19. 322 Manner of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Grove Date Oct. 24, 19. 322 Manner of injury Name of operation Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Injury Specify whether lajury occurred in Industry, in HOME, or in PUBLIC Grove Injury Manuer of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Injury Manuer of injury Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC Grove Inju		MEDICAL CERTIFICATE OF DEATH			PEF	
a. If married, widowed, or divorced HUSSAND of Cory WIFE of John R. MacNash DATE OF BIRTH (month, day, and year) 700. 22	, 193	21. DATE OF DEATH 22	OR DIVORCED (write the word)			
AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hugh MacNash Frampton (Address) 35 Drummond Axenue, Chevy Ch. 28. BURIAL, CREMATION, OR REMOVAL Place Grove Date Oct. 24, 19, 32 Manuer of injury. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Groups. Manuer of injury. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Grove Date of injury. Nature of injury.	(Year		cNash	ID of	HUSBAN	
AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWMILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) I3. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) I5. MAIDEN NAME UNknown 16. BIRTHPLACE (city or town) (State or country) I1. MalDEN NAME UNknown 16. BIRTHPLACE (city or town) (State or country) Alton (State or country) Date of injury Where did injury occurred on the date stated above, at. T. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related caus	19.7	Heat south for cline or 19 17 7 7 3	11 1845	PIDTH (mosth do 14) Ma)	DATE OF	
S. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 11. 13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) 111. 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME Unknown 18. BIRTHPLACE (city or town) (State or country) 19. MacNash Frampton (Address) 35 Drummond Ayenue, Cheyy Chey Chey Chey Chey Chey Chey Che	2; death Is	to have occurred on the date stated above at 19 77 m	Days If LESS than			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Marchael Frampton (State or country) 19. Marchael Frampton (Address) 10. Date occupation 10. Date occupation 11. Total time (years) spent in this occupation Other Coatributory Causes of importance: What test confirmed diagnosis Specify what there is a specific diagnosis Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC injury Naminer of injury Nature of injury		The PRINCIPAL CAUSE OF DEATH and related causes of Importance	I day,hrs.	86 11		
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (other Contributory Causes of importance: 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hugh MacNash Frampton (Address) 35 Drummond Ayenue, Chevy Chesses BURIAL, CREMATION, OR REMOVAL Place Grove Date Octe 24, 19, 322 Manager of injury Nature of injury	Date of o	were as follows:	i ormin.	a, profession, or particular	8. Trade	
State or country Causes of importance:		Carcinama at	kind of work done, as SPINNER, Housewife			
Determination of the contributory Causes of importance: Contributory Causes of importance: Other Contributory Causes of importance:		Dy larie -		stry or husiness in which	9. Indus	
Determination of the contributory Causes of importance: Contributory Causes of importance: Other Contributory Causes of importance:		The state of the s	1 11 Tableton Co.		S S	
Other Contributory Causes of importance: Date or country) 13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis Accident, suicide, or homicide? Specify city or town, county and co		V	spent in this	nis occupation (month and		
(State or country) 13. NAME Unknown 14. BIRTHPLACE (sity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) INFORMANT Hugh MacNash Frampton (Address) BURIAL, CREMATION, OR REMOVAL Place Crove Date Octo 24, 19 32 Name of operation What test confirmed diagnosis What test confirmed diagno		Other Contributory Causes of importance:		Alton		
13. NAME Unknown 14. BIRTHPLACE (eity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis W			1	MCE (City of town)		
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis we we there are the following of the follow						
(State or country) What test confirmed diagnosis We there 23. If death was due to external causes (VIOLENCE) fill in also the follow accident, suicide, or homicide? Date of injury Where did injury occur? Specify city or town, country and specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC (Address) BURIAL, CREMATION, OR REMOVAL Place Grove Date Oct. 24, 19 32		Nonet			14 PIRT	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) INFORMANT Hugh MacNash Frampton (Address) 35 Drummond Ayenue, Chevy Chessel Burlal, CREMATION, OR REMOVAL Place Grove Date Oct. 24, 19 32 23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC Mainer of injury Mainer of injury Nature of injury Nature of injury						
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(State or country) Necessary Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC (Address) 35 Drummond Ayenue, Chevy					16 BIRTI	
INFORMANT Hugh MacNash Frampton (Address) 35 Drummond Avenue, Chevy Chester of Industry, in Home, or In Public Chester of Industry, in Home, or In Public Chevy Chester of Industry, in Home, or In Public Chevy Chester of Industry, in Home, or In Public Chevy Chester of Industry, in Home, or In Public Chester of Industry, in Home, or Industry, in H		Where did injury occur?		State or country)	(
BURIAL, CREMATION, OR REMOVAL Place Grove Date Oct. 24 , 19 32 Nature of injury Nature of injury	etate) PLACE.	(Specify city or town, county and St. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P		NT Hugh MacNash Fr	. INFORMAI	
Nature of injury			101	REMATION, OR REMOVAL		
411 11 11 11 11 11 11 11		Netwee of interest	nte Oct. 24 19 32	Grove	Place_	
(Address) (TALA - To		74. Was disease or injury in any way related to occupation of deceased?	is Lave			
(Address) Greaton, mx. If so, specify		If so, specify	1, me.	ess) Greston	(Addr	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car *	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of OCCUPA-

Exact statement

properly classified.

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AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		95-2
County Carse	ul_	Registration Dist. No. 62
Village or City	enton	
Length of residence in city or town w		If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Que	in Milliams	desitte
	and comme fr	St., Ward.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Och 9, 193
5a. If marriad, widowad, or divorced		(Month) (Oay) (Year)
HUSBANO of (or) WIFE of Cellesie	a. Mederith	22. CH IHEREBY GERTIFY That I attended deceased in
6. DATE OF BIRTH (month, day, and yaar)	Levet 5:3 186	last saw h w aliva on Oet 9, 19, daath is s
7. AGE Yaars Monti		to hava occurrad on tha data stated above, at 3m.
70 1	4 1 day,hrs.	The Reference of Devilland Indiana Canada of Importance
8. Trade, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc.	Housewife	Olymne Neart Decease. Oate of on
9 Industry or business in which work was dona, as SILK MILL.		
SAW MILL, BANK, etc	11. Total time (yaars)	
this occupation (month and year)	11. Total time (yaars) spent in this occupation	
a property and the	Mistau	Other Contributory Causes of importanca:
(Stata or country)	Evaryland.	
13. NAME Queles	Horsels	
14. BIRTHPLACE (city or town)		Name of operation Oate of
(Stata or country)	Delawore	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Cress	a Hubbard	23. If death was dua to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME CRUIT	0.0	Accident, suicide, or homicide?Oata of injury, 19
∑ (Stata or country)	Delawar	Whare did injury occur?
17. INFORMANT Olfalio (Addrass)	uso Medershe	(Specify city or town, county and State) Spacify whethar injury occurrad in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 patins	Mannar of injury
Place Coulton	Oata (CC) 4, 195	Nature of Injury
19. UNOERTAKER (Address)	gelMym	24. Was disease or injury in any way related to occupation of deceased?
0.	2006	(Signad) Millie H Muhn
20. FILED /6- 12, 1932-/	Registers	(Address) Quiling Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	The principal cause of importance were as	of death and related causes	Date of onset
		s Iollows:	
1915	Attack of epilepsy	Z281 5 AON	1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	GEAISOS	3 days ago
	Other contributory ca	uses of importance:	
May 1,1923 Gastroentcritis			1 year
	July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory ca	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1PLACE OF DEATH	10744 STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
Village of City (No	Registration Dist. No. 4 St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Asuis Vaisley.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SSINGLE, MARIE OR DIVORCED (Write the word)	16 DATE OF DEATH 1932 (Month) (Day) (Year)
DATE OF BIRTH	HEREBY-CERTIFY, That I stended the deceased from
(Month) (Day) (Year)	that last saw Wellive on Och 9 193
If LESS than l day hrs. or min.	. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession of Carberline particular kind of work	Mediastinal Vascuome
(b) General nature of industry tusiness, or establishment in which employed or (employer)	(Juration) - yrs mos de
BIRTHPLACE (State or country) / Delselace	Contributory Cy Maushou 3mos de
10 NAME OF FATHER CURY Tauley.	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHERASAN O' MOTEMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Miller Ind Mass	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pulfor Cuntles Del 14, 193
File Oct 12 1932 A. Mar Propries	20'UNDERTAKER ADDRESS R. B. Rawlings, Luns boro M
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Housecr," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Forcmon, Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway troin taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Chronic interstitial nephritis, (Recommendations on statement of cause of (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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H	dns /	ain te	Caro
WIT	efully	in pl	***
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANI	mation should be carefully supplied. AGE should be stated EXAC?	CAUSE OF DEATH in plain terms, so that it may be properly classifi	TION is more immortant. See instanctions on Leaf. of contification
PLA	pluon	OF D	-
VRITE	ation sl	AUSE	S. MO
BV	m	70	TIL
Z	T)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10715
1. PLACE OF DEATH	(H)
County Caryline	Registration Dist. No. 4
Village or City Lucusbero	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Cornelia C. Outties	nau
(a) Residence: No. Idrenatoro This	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of alone Trellymen	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Nov. 6. 1868	I last saw h_W elive on Cer 10 , 19 \$ 2; deeth is said
7. AGE Yeers Months Oeys If LESS then	to have occurred on the date steted above, et 3.35 P. m.
67 43 41 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of officer
SAWYER, BOOKKEEPER, etc.	Claux Cascinoma 17
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of server allers
	(Biolas)
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Maryland	
13. NAME Thomas B Rurry.	A
13. NAME Thomas B Rurry 1 14. BIRTHPLACE (city or town)	Neme of operation. Rady Florence - Oete of 1931
(State or country)	Whet test confirmed diagnosist latinating. Was there en autopsy? 43
15. MAIDEN NAME Mary , Cooper,	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Mary Cooper, 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
- (State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAD. Starty and Civille, (Address) Leethsburg,	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Greenship, Date Del 13, 1932	Nature of injury
19. UNDERTAKER M. B. Mawlerge, (Address) Greenstro. Md	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Oct 12, rod 2 A. Mar Piper. Registrar.	(Signed) that a file of the M. O. (Address) Fleet on hier M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 9 1939	July 5,1927	Peritonitis	3 days ago
	BUREAU			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

should state

1. PLACE OF DEATH	· MAKILAND	CERTIFICATE OF DEATH	
County Carolin	l	Registration Dist. No.	20
Village Or City town where d	eath proured were more		., Ward
2. FULL NAME George (a) Residence: No.	L. Mead.	St.,Ward.	
PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or tow MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE Male thite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24. 26	, 193 ~
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ligal	The Dukes Reed	(Month) (Day) 22. HEREBY CERTIES That I atte	(Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 15 45 - 1 day,hrs.	to have occurred on dete steted above, et 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Judy or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Former	Cigan Hack	Date of onset
work was done, es SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	sup varia	Other Contributory Causes of importance:	6m
14. BIRTHPLACE (city or town) (Stete or country)	may loana,	Name of operation Date Whet test confirmed diagnosis? Was there	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Victoria,	23. If death was due to external causes (VIOLENCE) fill in also the folio- Accident, suicide, or homicide? Date of injury	owing:
17. INFORMANT Mrs (Address)	Robb.	Where did injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLE	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Precuobico.	Date 10130 , 1932	Manner of injury	
19. UNDERTAKER T. B. It au (Address) Greens 20. FILED 728, 1932 Q	enge,	24. Was disease or injury in any way related to occupation of deceased if so, specify (Signed)	?
If more bi	Registrar.	(Address)	40

STATE OF MADVI AND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUDICAU V. S.			
- Acres and a			
Other contributory causes of importance:	H-H-11B	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Collon mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury American Medical Association.) as fracture of skull, Recommendations on statement of cause of death Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; affection need not be Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

I PLACE OF DEATH

CERTIFICATE OF DEATH County Hundred Registered No .. (If death occurred in a hospital or institution, give its NAME instead of street or and number.) City. Ward. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 15 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That Vattended deceased from 6 DATE OF BIRTH (Month) (Day) (Day) (Month) (Day) (Year) 7 AGE that I last saw hame alive 194.7 If less than 1 day,hrs. or min. and that death occured, on the date stated above, at (a) Trade, profession, or DEATH particular kind of work-(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Duration) 10 NAME OF Contributory... FATHER Secondary 11 BIRTHPLACE (Duration) PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER * State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST In the of death ... ds. State yrs. · yrs. mos. Where was disease contracted, If not at place of death?-Former or usual residence 15 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Filed, LOCAL SUB-REGISTRAR ADDRESS

should state CAUSE OF DEATH instructions on back of certificate. PERMANENT RECORD PHYSICIANS EXACT statement of OCCUPATION is very important. S stated INK-THI should UNFADING AGE RESE classified. WITH carefully may be properly B.

STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association

industry, and therefore au additional line is provided for industrial employments, it is necessary to know (a) the Stationary fireman, etc. But in many cases, especially in occupations a single word or term on the first line will be each and every person, irrespective of age. various pursuits can be known. The question applies to is very important, so that the relative healthfulness of specifically the occupations of persons engaged in domesdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Women at home, who are engaged in the duties of the material worked on mayform part of the second statement.

Never return "Laborer," "Foreman," "Manager," As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. the latter statement; it should be used only when needed kind of work and also (b) the nature of the business or persons who have no occupation whatever, write None. may be indicated thus. Farmer (retired, 6 yrs.). For giuning of illness. of the DISEASE CAUSING DEATH, state occupation at he-If the occupation has been changed or given up on account tic service for wages, as Servant, Cook, Housemaid, etc. as Alschool or Alhome. Care should be taken to report work, or Al home, and children, not gainfully employed, Day laborer, Farm laborer, Laborer-Coal mine, etc. "Dealer," etc.; without more precise specification, as (b) Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation. - Precise statement of occupation Architect, Locomotive engineer, Civil engineer, Farmer or Planler, Physician, Compos-If retired from business, that fact For many

origin; "Cancer" is less definite; avoid use of "Tumor" only definite synonym is "Epidemic cerebrospinal me-CAUSING DEATH (the primary affection with respect to symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. for malignant neoplasms); Measles; Whooping cough; aeum, etc., Carcinoma, Sarcoma, etc., of ... is indefinite); Tuberculosis of lungs, meninges, periton monia; Bronchopneumonia ("Pneumonia," unqualified fever (never report "Typhoid pneumonia" ningitis"); Diphtheria (avoid use of "Croup"); Typhoia for the same disease. Examples: Cerebrospinal fever (the time and causation), using always the same accepted term "Anaemia" Example: Measles (disease causing death), 29 ds.; Bron-Chronic valvular heart disease; Chronic interstitial ne-Statement of cause of death.-Name, first, the DISHASH (merely symptomatic), "Artophy," "Col-The contributory (secondary or intercur-Never report mere); Lobar pneu-

> childbirth or miscarriage as "PUHRPERAL Septichaemia," statement of cause of death approved by Committee on the head of "Contributory." surgical operation was undertaken. For VIOLENT DEATH failure," "Haemorrhage," "Inanition," "Marasmus," ital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Nomenclature of the American Medical Association.) consequences (e. g., sepsis tenanus) may be stated under cide. The nature of the injury, as fracture of skull, and head-homicide; Poisoned by carbolic acid-probably sui-Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; CIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, SUI-"Puerperal peritonitis," etc. State cause for which when a definite disease can be ascertained as 'Old age," "Shock," "Uraemia," "Weakness," etc., lapse," "Coma," "Convulsions," "Debility" ("Congen-Always qualify all diseases resulting (Recommendations on trom

Nore—"Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

STATE BOARD OF HEALTH OF DELAWARE APPROVED NOV. 11, 1909.



AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

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STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYI	AND-CERTIF	CATE	OF I	FAT
--------------------------------------	-------	----	-------	------------	------	------	-----

1. PLACE OF DEATH	(82-D) 10749
County Corraque	Registration Dist. No. 62
Village or City Hedry / Decelan	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fund White OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pleasant Statum	22001 3 HEREBY SERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs ormin.	l iast saw h alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
To: Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Pluce (State or country)	
I 13. NAME John Pareles su	
13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary and Ramps	Steath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT LLES WESEL SLALLING (Address)	Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Deuton Date Oct: 16,19.3	Manner of injury
19. UNDERTAKER (Address) 20. FILED 10 - 14. 1932 /m 1/10 June	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Trufices of Mules M. D.
Registrar.	(Address) Clulia Jul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OR BINDING	S A PERMANENT RECORD. Every item of infor-	tated EXACTLY. PHYSICIANS should state	roperly classified. Exact statement of OCCUPA-	ertificate.
S. Mo. 1 MARGIN RESERVED FOR BINDING	I. BWRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLANI	O-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 10(30
County Carolini	Registration Dist. No. 82
Village or City Deulon.	No. St, Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Daty In Much	and.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORGED (ragrice the wi	
5a. Mmarried, widowed, or divorced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, day, end year) GCI 10 19	
7. AGE Years Months Days If LESS 1 day,	than to have occurred on the date stated above, atm. hrs. The PRINCIPAL CAUSE OF DEATH and related causos of Importance
8. Trede, profession, or particular	n. were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(1) 04
Industry or businoss in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Juli boin
10. Oate deceased last worked et this occupetion (month end spent in this	
12. BIRTHPLACE (city or town) Deulon Sud.	Other Contributory Causes of Importance:
(State or country)	
13. NAME Loyd week-	tions
(State or country)	Name of operation
	What test confirmed diagnosis? Wes there en autopsy?
E GO a HILL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suiside, or homicide?
O 16, BIRTHPLACE (city or town) (State or country) (State or country)	Where did Injury occur?
17. INFORMANT Falles Deulor Phel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Desper	Manner of Injury
19. UNOERTAKER / CAUGER CONSTRUCTION (Address)	24. Was disease or injury in any way related to occupation of deceased? As If so, specify
20, FILED 10-10, 1970 MAR GEORGE	(Signed) (Signed) (Address) free free free free free free free fre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

PLACE OF DEATH Exact -ISYH4 County stated EXACTLY, I properly classified of certificate. RECORD PERSONAL AND STATISTICAL PARTICULARS SINGLE. 5 3 SEX COLOR OR RACE MARRIED, WIDOWED. eq it may be OR DIVORCED (Write the word) hould BINDI 6 DATE OF BIRTH instructions that (Day) (Month) FOR DEATH in plain terms so the 7 AGE UNFADING INK--THIS RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry very important. business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) DA 10 NAME OF Every item of information shoul CIANS should state CAUSE OF statement of OCCUPATION is ver FATHER WITH 11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

No.

	10751 STATE OF MARYLAND
173	CERTIFICATE OF DEATH Registration Dist. No. 6/
	St.: Ward) (If death occurred in a hospital or institution, give its NAME I: - stead of street and number.)
_	MEDICAL CERTIFICATE OF DEATH
16 DATE	OF DEATH QCT 1 1/4 , 1932
17	(Month) (Day) (Year)
that I la	ast saw h Masalive on Oct 11, 1937
Ge	JSE OF DEATH * was as follows: Which: (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
	ondary (Duration) yrs mos ds,
(Signed)	192 (Address) Solda Brossus
Accid	State the Disease Causing Death, or, in deaths from at Causes, state (1) Means of Injury and (2) Whether ental, Suicidal or Homicidal.
	TH OF RESIDENCE (For Hospitals, Institutions, Trans- or Recent Residents)
At place of death.	In theds. Stateyrsmosds.
	as disease contracted, place of death?
Former o	

ADDRESS

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

173

(Year)

[If LESS than

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report household only (not paid Housekcepers who receive a For many occupations a single word or term on yrs). specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.